



Abilene Public Library Card Registration

Individual responsible for fines and fees must complete this form. Please print in ink.

Name: _____
First Name Middle Last Jr/Sr/III

Preferred Name: _____ Birthdate: _____
MM/DD/YYYY

Mailing Address: _____
Street Address/Apt # City State / County Zip

Physical Address: _____
Street Address/Apt # City State / County Zip

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ PIN: _____
(for notices and library information) (4 - 10 characters)

FOR YOUTH BORROWERS UNDER 18 YEARS OLD:

PARENT/GUARDIAN INFORMATION:

Parent's Name: _____
First Name Middle Last Jr/Sr/III

Mailing Address: _____
Street Address/Apt # City State / County Zip

Internet Permission granted: YES NO

Signature below confirms responsibility for this youth card, including fines and fees incurred, child's selection of materials and use of electronic resources including the Internet.

BORROWER AGREEMENT:

I agree to observe all rules and regulations, to be responsible for all library materials checked out with my card and to promptly pay all late fees and charges for lost or damaged materials. I agree to notify the library of any changes in my name, address, phone, e-mail address or if my library card is lost or stolen.

Adult signature responsible for library card Date

Youth signature Date

FOR LIBRARY USE ONLY

Patron Profile: ADULT CHILD TEMP OTHER _____ ID VIEWED: TXDL TXID OTHER _____

NIP: _____ PIN: _____ ID #: _____

Offered Voter reg.: Yes No Initials: _____